

**APPLICATION FOR
WORK PERMIT RENEWAL**

Application Complete	
WP Number	
Date referred to DGC	
Fee Received	
Date Entered By:	
For Commission Use Only	

Please read the instructions for Application for Renewal Work Permit (CGCC-023A). Type or print legibly in ink an answer for each question. If a question does not apply to you, please indicate with "N/A". Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other substitutions must be initialed and dated by the applicant. **PLEASE SEND COMPLETED APPLICATIONS TO: CGCC at P.O. Box 526013, Sacramento, CA 95852-6013**

PLEASE TYPE OR PRINT ALL INFORMATION

PART I	APPLICANT NAME		
	HOME ADDRESS		
	MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)		
	PHONE NUMBER ()	E-MAIL ADDRESS (optional)	DATE OF BIRTH
	TITLE AND DESCRIPTION OF JOB DUTIES:		
	Please indicate answers with an X in the appropriate box		
	1. Are you a U.S. citizen?		Yes No
2. Are you a resident alien?		Yes No	

PART II	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
	Signature of Applicant	Date
PART II	I hereby authorize the California Gambling Control Commission, or its representatives, to furnish any information of any nature concerning me to the Department of Justice and the licensed gambling establishment for which I am seeking employment. This authorization does not supersede or replace the Authorization to Release Information form (DGC-Lic. 072) required to be submitted with the application for use by the Division of Gambling Control. <u>Both authorizations are required to be part of the application package.</u>	
	Signature of Applicant	Date

PART III	NAME OF GAMBLING ESTABLISHMENT		
	MAILING ADDRESS		
	PHONE NUMBER ()	FAX NUMBER (if any) ()	E-MAIL ADDRESS (if any)
	Signature of Owner/Hiring Authority/ Designated Agent Name and Title (Print) Date		